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Bib Data Sheet

CONFIRMATION NO. 6753

<b>SERIAL NUMBER</b> 10/710,821	<b>FILING OR 371(c) DATE</b> 08/05/2004 <b>RULE</b>	<b>CLASS</b> 438	<b>GROUP ART UNIT</b> 2811	<b>ATTORNEY DOCKET NO.</b> BUR920040015US1
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\*\* CONTINUING DATA \*\*\*\*\*

OK

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

OK

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY VT	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>Dong k</i>	Initials <i>One OK</i>		

## ADDRESS

23389

## TITLE

Isolated fully depleted silicon-on-insulator regions by selective etch

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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